



PLUMAS COUNTY
ENVIRONMENTAL HEALTH DIVISION
FOOD SAFETY EVALUATION REPORT
270 County Hospital Rd., Ste 127 Quincy, CA 95971
Phone: (530) 283-6355 FAX (530) 283-6241

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Date of Inspection: 9/26/23

Facility Name: <u>PUSD Quincy Jr/Sr High School CAFETERIA</u>	Phone Number _____	PR ID # <u>150</u>
Facility Site Address: <u>6 QUINCY JUNCTION RD</u>	City: <u>Quincy</u>	Zip <u>95971</u>
Permit #: <u>23-117</u>	Exp Date: <u>12/7/23</u>	Permit Holder: <u>PUSD</u>
		Type of Inspection: <u>Routine</u>

See reverse side for the code sections and general requirements that correspond to each violation listed below

In = In compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site MAJ = Major violation OUT=Out of Compliance

In	N/O-N/A	COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE				
<input checked="" type="checkbox"/> 1. Demonstration of knowledge; food safety certification <input type="checkbox"/>				
Food Safety Cert Name: <u>Forrest Orick</u> Exp. Date <u>10/10/23</u>				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<input checked="" type="checkbox"/> 2. Communicable disease; reporting, restrictions & exclusions <input type="checkbox"/>				
<input checked="" type="checkbox"/> 3. No discharge from eyes, nose, and mouth <input type="checkbox"/>				
<input checked="" type="checkbox"/> 4. Proper eating, tasting, drinking or tobacco use <input type="checkbox"/>				
PREVENTING CONTAMINATION BY HANDS				
<input checked="" type="checkbox"/> 5. Hands clean and properly washed; gloves used properly <input type="checkbox"/>				
<input checked="" type="checkbox"/> 6. Adequate handwashing facilities supplied & accessible <input type="checkbox"/>				
TIME AND TEMPERATURE RELATIONSHIPS				
<input checked="" type="checkbox"/> 7. Proper hot and cold holding temperatures <u>not cold</u> <input type="checkbox"/>				
<input checked="" type="checkbox"/> 8. Time as a public health control; procedures & records <input type="checkbox"/>				
<input checked="" type="checkbox"/> 9. Proper cooling methods <input type="checkbox"/>				
<input checked="" type="checkbox"/> 10. Proper cooking time & temperatures <input type="checkbox"/>				
<input checked="" type="checkbox"/> 11. Proper reheating procedures for hot holding <input type="checkbox"/>				
PROTECTION FROM CONTAMINATION				
<input checked="" type="checkbox"/> 12. Returned and re-service of food <input type="checkbox"/>				
<input checked="" type="checkbox"/> 13. Food in good condition, safe and unadulterated <input type="checkbox"/>				
<input checked="" type="checkbox"/> 14. Food contact surfaces: clean and sanitized <u>Sanitized</u> <input type="checkbox"/>				

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
<input checked="" type="checkbox"/> 15. Food obtained from approved source <input type="checkbox"/>				
<input checked="" type="checkbox"/> 16. Compliance with shell stock tags, condition, display <input type="checkbox"/>				
<input checked="" type="checkbox"/> 17. Compliance with Gulf Oyster Regulations <input type="checkbox"/>				
CONFORMANCE WITH APPROVED PROCEDURES				
<input checked="" type="checkbox"/> 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan <input type="checkbox"/>				
CONSUMER ADVISORY				
<input checked="" type="checkbox"/> 19. Consumer advisory provided for raw or undercooked foods <input type="checkbox"/>				
Highly Susceptible Populations				
<input checked="" type="checkbox"/> 20. Licensed health care facilities/ public & private schools; prohibited foods not offered <input type="checkbox"/>				
WATER/HOT WATER				
<input checked="" type="checkbox"/> 21. Hot and cold water available Temp <u>120°F</u> <input type="checkbox"/>				
LIQUID WASTE DISPOSAL				
<input checked="" type="checkbox"/> 22. Sewage and wastewater properly disposed <input type="checkbox"/>				
VERMIN				
<input checked="" type="checkbox"/> 23. No rodents, insects, birds, or animals <input type="checkbox"/>				

SUPERVISION		OUT
24. Person in charge present and performs duties		<input type="checkbox"/>
PERSONAL CLEANLINESS		
25. Personal cleanliness and hair restraints		<input type="checkbox"/>
GENERAL FOOD SAFETY REQUIREMENTS		
26. Approved thawing methods used, frozen food		<input type="checkbox"/>
27. Food separated and protected		<input type="checkbox"/>
28. Washing fruits and vegetables		<input type="checkbox"/>
29. Toxic substances properly identified, stored, used		<input type="checkbox"/>
FOOD STORAGE/ DISPLAY/ SERVICE		
30. Food storage; food storage containers identified		<input type="checkbox"/>
31. Consumer self-service		<input type="checkbox"/>
32. Food properly labeled & honestly presented		<input type="checkbox"/>
EQUIPMENT/ UTENSILS/ LINENS		
33. Nonfood contact surfaces clean		<input type="checkbox"/>
34. Warewashing facilities: installed, maintained, used; test strips		<input type="checkbox"/>
35. Equipment/ Utensils approved: installed; clean; good repair, capacity		<input type="checkbox"/>
36. Equipment, utensils and linens: storage and use		<input type="checkbox"/>
37. Vending machines		<input type="checkbox"/>
38. Adequate ventilation and lighting; designated areas, use		<input type="checkbox"/>

OUT
39. Thermometers provided and accurate
40. Wiping cloths: properly used and stored
PHYSICAL FACILITIES
41. Plumbing: proper backflow devices
42. Garbage and refuse properly disposed; facilities maintained
43. Toilet facilities: properly constructed, supplied, cleaned
44. Premises; personal/cleaning items; vermin-proofing
PERMANENT FOOD FACILITIES
45. Floor, walls and ceilings: built, maintained, and clean
46. No unapproved private homes/ living or sleeping quarters
SIGNS/ REQUIREMENTS
47. Signs posted; last inspection report available
COMPLIANCE & ENFORCEMENT
48. Plan Review
49. Permits Available
50. Impoundment
51. Permit Suspension

Received by (Print) Forrest Orick

Title Kitchen Manager

Received by (Signature) Forrest Orick

Specialist (Print) Dennis Eck

Specialist (Signature) Dennis Eck

Re-inspection Date:

Next Routine

Great Sanitation at time of inspection.

- Thanks.